

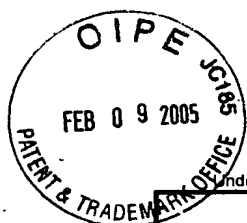
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) WSV-2597 | |
| Application Number 10/612224-Conf. #5754 | | Filed July 1, 2003 | |
| For METHODS AND COMPOSITIONS FOR THE IDENTIFICATION OF ANTIBIOTICS THAT ARE NOT SUSCEPTIBLE TO ANTIBIOTIC RESISTANCE | | | |
| Art Unit 1636 | | Examiner R. Akhavan | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$ 60.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ |
| <input checked="" type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080. I have enclosed a duplicate copy of this sheet. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 36,683 | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| Signature DeAnn F. Smith | | February 9, 2005 Date | |
| Typed or printed name | | (617) 227-7400 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> | Total of 1 forms are submitted. | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378 820 766 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 9, 2005

Signature:  (DeAnn F. Smith)



02-11-05

IPW
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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
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|---|--|--------------------------|-----------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| | | Application Number | 10/612224-Conf. #5754 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | July 1, 2003 |
| | | First Named Inventor | Phillip R. CUNNINGHAM |
| | | Examiner Name | R. Akhavan |
| TOTAL AMOUNT OF PAYMENT | | Art Unit | 1636 |
| (\$) | | Attorney Docket No. | WSV-2597 |
| 60.00 | | | |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 12-0080 |
| | Deposit Account Name: Lahive & Cockfield, LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|--------------------|---------------------|--------------------|---|-------------------------|---------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | Small Entity | | Small Entity | | Small Entity | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | | Small Entity |
| | | | | | | | Fee (\$) |
| Fee Description | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 50 |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| | | | | | | | 180 |
| Total Claims | | | | | | | |
| Extra Claims | | | | | | | |
| Fee (\$) | | | | | | | |
| Fee Paid (\$) | | | | | | | |
| Multiple Dependent Claims | | | | | | | |
| Fee (\$) | | | | | | | |
| Fee Paid (\$) | | | | | | | |
| Indep. Claims | | | | | | | |
| Extra Claims | | | | | | | |
| Fee (\$) | | | | | | | |
| Fee Paid (\$) | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) |
| - 100 = | | /50 | | (round up to a whole number) x | | = | |
| 4. OTHER FEE(S) | | | | | | | |
| | | | | | | | Fees Paid (\$) |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 2251 Extension for response within first month | | | | | | | 60.00 |

| | | | |
|---------------------|----------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 36,683 |
| Name (Print/Type) | DeAnn F. Smith | Telephone | (617) 227-7400 |
| | | Date | February 9, 2005 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 378 820 766 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 9, 2005

Signature: (DeAnn F. Smith)